

FILED SEP 18 1948

Registration District No. **149**

Primary Registration District No. **1002**

Registrar's No. **3718**

1. PLACE OF DEATH:

(a) County **Jackson**
(b) City or town **Kansas City**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4134 Chestnut Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community **62 years** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **FRANK WINSLOW ROBINSON JR.**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Nannie J. Robinson** 6. (c) Age of husband or wife if alive **74** years
7. Birth date of deceased **July 22 1867** (Month) (Day) (Year)

8. AGE: Years **81** Months **1** Days **28** If less than one day hr. min.

9. Birthplace **Portland Maine** (City, town, or county) (State or foreign country)

10. Usual occupation **Retired Mgr. Beef Dept.**

11. Industry or business **Armour + Company**

12. Name **Frank Robinson**

13. Birthplace **Portland Maine** (City, town, or county) (State or foreign country)

14. Maiden name **Euphonia** (City, town, or county) (State or foreign country)

15. Birthplace **Unknown** (City, town, or county) (State or foreign country)

16. (a) Informant **Frank J. Robinson**

(b) Address **3604 Baltimore**

17. (a) **Burial** (b) Date thereof **9-11-48** (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Aloral Hills Cem.**

18. (a) Signature of funeral director **R. H. Newcomer**

(b) Address **1401 Brush Creek Blvd.**

19. (a) **9-11-48** (Date received local registrar) (b) **Geraldine Holmes** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**
(c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")
(d) Street No. **4134 Chestnut St.** (If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept** day **9** year **1948** hour **12** minute **15** M.

21. I hereby certify that I attended the deceased from **Sept. 6** 19**48**, to **Sept. 9** 19**48**; that I last saw him alive on **Sept. 9** 19**48**; and that death occurred on the date and hour stated above.

Immediate cause of death **Arterio-sclerotic heart disease** Duration **6 mo.**

Due to

Due to

Other conditions **Pulmonary Edema** 1 day (Include pregnancy within 5 months of death)

Major findings: Of operations **932**

Of autopsy

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(a) Informant **Edw. A. Washington** (b) Address **1500 Professional Bldg.** (c) Date signed **9/10/48**

(d) Signature of physician **Edw. A. Washington** (M. D. or other)

(e) Address **1500 Professional Bldg.**

(f) Date signed **9/10/48**

1500 Prof. Reg.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Edward M. Storey

Licensed Embalmer No. 4452

P. O. Address. K. C. 4 mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.